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## Original Communications.

### ANOMALOUS CASE OF ANGINA PECTORIS.

By C. W. STEVENS, M.D., Charlestown.

Mr. L., aged 22, clerk in a carpet store, is a man of general good health. His parents are still living and well. He smokes three or four cigars daily, and usually retires at midnight or later. Does not use spirits to excess. Has no syphilitic taint. Has had no previous cardiac affection.

April 11th, 1872.—He ate his supper as usual, feeling perfectly well bodily, but was despondent, as he had had a lover's quarrel a few days before. At 8.30, he started out to make a call, but was arrested on his way by a pang in the cardiac region, palpitation and great dyspnoea. He had to be assisted home, where he walked with great difficulty. His hand was clutched over his heart, and his anguish was extreme. He soon went into convulsions, of a tetanoid character. The spasms occurred every few minutes, and corresponded to the paroxysms of pain. He would grow red in the face, his eyes became turgid and blood-shot, and rolled in their orbits, while his hands grasped sometimes the bed and sometimes hovered over his heart like a vulture's talons. The pupils were dilated; respiration staccato, panting and suspended during the tonic rigidity. No frothing at the mouth, no biting of tongue, no coma, no cyanosis of face. If he was questioned after a spasm, he would reply rationally, saying it was like knives in his heart, and he could not breathe. There are, occasionally, during the pain, hallucinations and slight delirium. Pulse 108, bounding. Temperature normal. Heart sounds tumultuous, with no abnormal murmurs, but with hammer-like impulse. I immediately gave, hypodermically:—

Sulph. morphæ,  
Sulph. atropiæ,  
Aquaæ,

gr.  $\frac{1}{2}$ ;  
gr.  $\frac{1}{100}$ ;  
℥ xij.

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and ordered the following mixture:—

Mist. assafetidæ, ℥j.;  
Syr. simpl., ℥iv.;  
Chloral hydrat., 3ss.

one table-spoonful every half-hour.

10.30, P.M.—As his pulse remained bounding and 108, and the spasms were not controlled, I gave at once tinct. veratri viridis gtt. x. ex aqua.

11, P.M.—Fallen into a quiet slumber and breathes easily.

April 12th, 2, A.M.—After three hours' sleep, he suddenly awoke with the distress and entered into convulsions.

Chloral, gr. xxx.;  
Bromid. potass., ℥j.;  
Syr. rhei aromat., 3jss.

one table-spoonful every half-hour.

3.30, A.M.—As the mixture seemed to have no effect, I began to use ether and in half an hour he was fully under its influence, and the convulsions ceased.

9, A.M.—After five hours, he was quiet; the spasms and anguish continued, but not so violently as during the night. I began again the use of ether, and continued it until he had taken in all twenty ounces, but it had no longer any effect either to relieve the distress or the spasms, nor could he be got under its influence; I therefore relinquished it.

12, M.—Subcutaneous injection of morphine and atropine, same dose as before, with six leeches over the heart. After the leeches had bled freely, I applied over the heart a belladonna plaster.

1, P.M.—I now called in Dr. C. Ellis, who witnessed the paroxysms and concurred in the diagnosis of angina pectoris without cardiac lesion, and probably of a neuralgic nature. He recommended a continuance of hypodermic injections, and these failing, to pass rapidly under the nares nitrite of amyl, as suggested by Anstie. But at 2, P.M., the distress and spasms ceased without any recurrence. Convalescence was rapid, with no evidence of visceral lesion.

Dr. Ellis confirmed my views of the probable reflex nature of the spasms, the cardiac plexus or ganglions reacting on the

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pneumogastric and sympathetic. These spasms were not the writhing or contortions from pain, but were automatic convulsions of rhythmic order and sequence. They were remarkable by their long continuance and of anomalous character. It would seem as if Trousseau's expression "cardiac epilepsy" were highly appropriate to this case. It appeared to me that it was the leeches which were of the most benefit to him, and were the most important agent in the cessation of the pain.

### ATHETOSIS.

By THEODORE W. FISHER, M.D., Boston.

THE above name is given by Dr. Hammond, in his late work on Diseases of the Nervous System, to certain irregular movements of the fingers and toes, the result of cerebral disease. In the two cases cited, the extremities on the right side only were affected, the movements of the fingers being more marked in each case. Epilepsy and other nervous disorders were noticed, which might properly be referred to some common centric lesion.

Having lately seen a case which corresponds to Dr. Hammond's description, I briefly narrate it, premising that only the most hasty examination was possible. The patient was presented to determine the propriety of treatment in a hospital for the insane. He could give no adequate history of his condition, and was very unwilling to prolong the interview.

He was a man, 52 years of age, whose father and grandfather had been insane. He had led an active, official life, and was of temperate habits. Four years ago, the motions of the fingers of his right hand were first noticed, with a generally "nervous" condition. His business capacity, however, was not especially impaired until two years ago, when, after severe "neuralgic" pains in the right side of the head, partial loss of vision in the right eye was discovered, followed by a similar failure of sight in the left eye. Dr. Hasket Derby diagnosed organic disease of the brain. He also suffered from occasional loss of power or incoordination of the muscles of the jaw. Said the right side of it felt for a moment as if paralyzed. For the last two months, he has been growing moody, irritable and forgetful, but has continued to frequent the office where he had long been employed, under the impression that his services were still indispensable. Has at times been depressed and talked of suicide.

Of late, forgets the time of day, and wanders from home. Is suspicious, obstinate, and occasionally gives way in public to violence of language and conduct.

In regard to the movements of the fingers of the right hand, it is only possible to say, from a brief and casual observation, that they resembled a limited and unilateral chorea. There was a constant change of position, and the patient pressed his fingers on the table as if to steady them. In this position they rose and fell as if in an awkward attempt at "drumming." The most noticeable distortion was a tendency to extreme extension of the second finger. On being requested to write, he clumsily gathered his fingers into place around the pencil, and wrote a word or two correctly, but stiffly, with a space between each letter.

Dr. Hammond is in doubt as to the pathology of his cases, but thinks "athetosis" has analogies with "chorea and cerebrospinal sclerosis, but is clearly neither of these diseases." It seems a little premature, to style it an "affection," since it may be only a symptom, in common with others, of centric disease. It seems to be a form of incoordination confined to the centres, controlling the muscles of the fingers and toes. If this centre or these centres could be precisely located, we need not look for any coarse or even diffused organic lesion at that spot. In disorders of the nervous functions, the lesion is more likely, one would think, to affect the proper centre indirectly, by interrupting communication with higher controlling centres, or by reflex irritation, or by affecting the blood supply. Nervous exhaustion of certain local nerve centres is efficient in producing paralysis, as in peri-palsy and in hæphestic hemiplegia, and it is not unlikely a nervous habit of incoördinate movements might be grafted on to a similar condition.

I have in mind a patient, a lady, in whose case I have noticed incoördinate movements, especially in the left hand. There is a *sensation* in the hand which, in this case, calls out instinctive motions as a method of relief. There is an irresistible habit of touching the left eyebrow with the left hand, and a jerking motion of the head to one side, not constant, but occasional, with a sensation of fatigue in the muscles of the neck. These motions have continued for years, and have become habitual, accompanied by a marked state of neurasthenia and an annoying persistence of certain habitual ideas, as of dishes falling down, or clothing getting out of a trunk when engaged in arranging them. There is in this case a slight

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drawing of the left cheek on smiling, and, according to Dr. Jeffries, "dynamic divergent strabismus" of the right eye, with a high degree of myopia.

In the case first mentioned, there is no doubt organic disease of the brain, of the exact nature or the precise location of which I have nothing to say on a single examination. In the second case, there may also have been, years ago, some slight lesion, but there seems to be no evidence of progressive cerebral disease.

## MORTALITY STATISTICS OF THE THREE LEARNED PROFESSIONS.

By J. M. TONER, M.D., Washington, D. C.

HAVING had an opportunity a few days since to examine some of the advance sheets of the forthcoming U. S. Census report for 1870, I have compiled the following statements there given of the number of deaths returned as occurring among the three learned professions of our country—theology, medicine and law—for the year ending June 30, 1870, and send it to you as possessing some interest to the medical profession at large. I have been unable to obtain the number returned as engaged in each of these professions for the year 1870.

For the year 1850 there were returned 28,842 clergymen; 40,564 physicians; and 23,939 lawyers. For the year 1860 there were returned 37,529 clergymen; 54,543 physicians; and 33,193 lawyers.

It is perhaps fair to presume that each retains about the same proportion to each other in the census of 1870.

The following is the number of deaths reported among clergymen, physicians and lawyers in each State and Territory of the United States for 1870:—

	C.	P.	L.		C.	P.	L.
Alabama,	19	30	14	Nebraska,	2	1	2
Arkansas,	2	11	9	Nevada,	1	1	2
California,	17	28	29	New Hamp.,	10	20	10
Colorado,	4	4	3	New Jersey,	15	20	13
Connecticut,	10	14	9	New Mexico,	3	5	1
Delaware,	4	1	1	New York,	74	136	114
Dist. Columbia,	1	6	1	N. Carolina,	16	15	10
Florida,	7	4	5	Ohio,	46	66	31
Georgia,	15	30	12	Oregon,	3	5	
Illinois,	33	45	31	Pennsyl.,	57	94	50
Indiana,	27	35	17	Rhode Island,	2	5	1
Iowa,	19	28	8	S. Carolina,	13	10	7
Kansas,	9	10	6	Tennessee,	13	23	17
Kentucky,	10	32	20	Texas,	9	33	9
Louisiana,	8	20	13	Utah,	1		
Maine,	12	13	12	Vermont,	9	9	4
Maryland,	13	23	16	Virginia,	23	25	15
Mass.,	41	42	30	Washington,	1		
Michigan,	17	23	23	West Virginia,	7	4	3
Minnesota,	10	2	2	Wisconsin,	18	22	12
Mississippi,	7	20	14	Wyoming,	1		
Missouri,	30	40	13				
Montana,		1	1				
					629	947	595

## CAUSES OF DEATH ASSIGNED.

	C.	P.	L.
Unknown,	10	15	7
General diseases,	242	344	234
Diseases of the nervous system,	77	143	83
“ “ circulatory system,	54	73	45
“ “ respiratory system,	84	130	58
“ “ digestive system,	76	105	61
“ “ urinary and generative organs,	32	37	19
Diseases of the organs of locomotion,	3	4	
“ “ integumentary system,	1	1	3
Condition not necessarily associated with general or local diseases,	39	31	19
Poison,	2	18	13
Accidents and injuries,	9	46	43

## Reports of Medical Societies.

BOSTON SOCIETY OF MEDICAL SCIENCES.

EDWARD WIGGLESWORTH, JR., M.D., SECRETARY.

FEB. 27th, 1872.—The Society met at the house of Dr. Richardson, Dr. Ellis in the Chair.

*Elimination of Alcohol by the Kidneys and Breath.*—Dr. Edes read a paper upon the elimination of alcohol by the kidneys and breath as determined by the chromic acid test. He found that the elimination by the breath was the more constant and continued longest at its maximum, but that after large doses, which had a perceptible narcotic effect [40 c.c. of strong alcohol], the urine, for the first two hours, and more especially the first hour, excreted a considerably larger amount. After five or six hours, the amount already eliminated is very small [say 1.5 c.c. when 40 c.c. had been taken], and the rate has fallen so low that several weeks would be required to complete the removal from the system.

With smaller doses [20 c.c. and 5 c.c.], the elimination by the kidneys is hardly perceptible, much less so than that by the breath. Lieben [Annalen der Chemie et Pharmacie, 7 Suppl. Band 1870] was able to collect from the urine of persons who had taken 22.5 c.c. of alcohol in the form of light wine less than 0.1 c.c. alcohol. It is probable that these results are much modified by the addition of other ingredients, as in wine or beer, by dilution, temperature, habit or idiosyncrasy.

Dr. White mentioned that in his experiments of a similar nature, made for the Legislature under Gov. Andrew, he had taken wine in large doses, but had taken it *with food* and at 10 o'clock in the evening, so that sleep intervened before any urine could be examined. In two cases, he had found that it was not until 4 P.M., the day following, that the kidneys ceased

to excrete alcohol. He thought that the kidneys account for but little of the alcohol which has been taken, and that people are differently affected both as to time and quantity of elimination; different mucous membranes varying in receptivity of impressions.

Dr. Edes said that diuresis might be due to flushing of the kidneys, *i. e.* dilatation of its bloodvessels, and this might vary as blushing varies in different individuals.

Dr. Fitz spoke of the retention, or else change in the system, of that part of the alcohol taken which was not eliminated as alcohol.

Dr. Edes concurred with Dr. Fitz that it is easy to say—all alcohol taken is eliminated as such and is therefore not food, but this cannot be proved.

Dr. White added that this was Gov. Andrew's point, and that the conclusions of Lallemand, Périn and Duroy were not warranted by their own experiments.

Dr. Bowditch suggested that alcohol might be considered a food as producing heat, *i. e.* change, *i. e.* force, in other words as augmenting the natural forces.

Dr. White objected to this view, on the ground that alcohol was a stimulant or force exciter rather than a force producer.

Dr. Hay thought it might be at one time a food and at another a stimulus. He held it of value for the aged, though not for the young.

Dr. Edes cited cases showing the diminished necessity for food when alcohol was taken.

Dr. James cited a case of Dr. Bird's, where a Miss Child lived 5-8 months on gin, taking no solid food, and then by degrees ceased its use.

Dr. White believed that other narcotics can be used in the same way to an even greater extent.

Dr. Ellis said they would act as arrestants of change in such cases.

Dr. White said, the same rule applies to alcohol.

*Physiology of Semi-circular Canals of Ears.*—Dr. Bowditch exhibited a pigeon, which staggered when it walked and seemed to lack the normal power of coördinated movements. This, he said, was due to injury of the semi-circular canals of the ears. Flourens [*Comptes Rendus*, vol. lii.] was the first to make a careful study of this portion of the ear. He made the following observations on pigeons:—

I. Destruction of a semicircular canal causes the bird to execute movements of the head in a plane corresponding to that

of the canal injured; *i. e.* destruction of the horizontal canal causes movements of the head from side to side, and destruction of one of the vertical canals causes up and down movements.

II. The body may follow these movements of the head, giving rise to rotary movements or somersaults.

III. An injury involving all the semicircular canals causes violent, irregular movements, in which the bird struggles in vain to retain its equilibrium.

IV. These movements become more violent and less coördinated when the animal is excited.

V. These phenomena persist after the healing of the wound.

VI. To produce these effects, not only the bony but also the membranous canals must be destroyed.

VII. Hearing still persists after destruction of the semicircular canals, but is lost when the cochlea is injured.

The observations of Flourens have been confirmed by many other physiologists, both French and German.

Quite recently, Prof. Goltz, of Halle (Pflüger's Archiv für die gesammte Physiologie iii., 172), in investigating the subject, has found that the loss of coördination of movement is much more strongly marked when the bird attempts to execute a movement directed to some point outside the body (*e. g.*, to pick up the grain), than when the movement is directed to some part of the body itself, as, for instance, in pluming the feathers.

He also found that when a bird is executing violent and irregular movements and struggling in vain to stand erect, if the head be held steadily between the fingers in a normal position for a few moments, the animal will recover temporarily the control over the limbs and stand quietly in one position.

Dr. Bowditch, about four weeks since, performed the experiment of destroying the semicircular canals of the pigeon exhibited and of one other.

The bird on which the operation was the more successful had very violent paroxysmal attacks, consisting of rotatory movements combined with somersaults, and during the continuance of the paroxysm seemed entirely unable to execute any voluntary movements. Dr. Bowditch was able to confirm the observation of Goltz, that the attacks may be cut short by supporting the head artificially in a normal position. He also made the additional observation that an attack may be brought on by holding the



head for a short time in an abnormal position, as, for instance, with the occiput resting on the ground.

The bird injured its head so much by beating it against the ground, that the observation was continued only four or five days.

The autopsy showed that the operation had been only partially successful on the left side, but on the right the canals had been entirely destroyed. To account for the above phenomena, various theories have been proposed. Vulpian considers that the destruction of the semicircular canals causes a violent irritation of the acoustic nerve, and that the irregular movements which result are analogous to those executed by the animal when frightened by a sudden noise.

Brown-Séquard is of the opinion that irritation of the nerve-fibres of the ampullæ by traction on the membranous canals gives rise to the movements in question.

The persistence of the phenomena long after the healing of the wound, seems difficult to account for on either of the above theories.

Goltz considers that the semicircular canals constitute an apparatus by means of which indications are given to the nervous centres of the position of the head, and the reflex movements called forth which tend to keep the head and body in equilibrium.

It is the pressure of the fluid in the canals, which of course must vary with the position of the head, that is supposed to perform this function.

On this theory a bird with the canals destroyed cannot judge correctly of the position of its head, and is unable therefore to execute the muscular contractions which are necessary for keeping it in equilibrium. Inability to keep the head in a normal position causes disordered movements of the whole body, as was shown by Goltz in the experiment of fastening a bird's head to its breast in an inverted position. A bird thus operated on, when thrown into the air, makes violent movements of the wings, but falls directly to the ground, having lost entirely the power of making the coördinated muscular contractions which are necessary for flight.

Pathological cases indicating that a similar mechanism exists in the human ear, have been reported by various authors. Brown-Séquard (Phys. and Path. of Centr. Nervous System, p. 193) speaks of vertigo and convulsions being caused by irritation of the acoustic nerve, as, for instance, by cold injections into the meatus. He also men-

tions rotatory movements in cases of suppurative inflammation of the ear.

Dr. Jeffries then showed some sections of the eyeball, made by Dr. Curtis, of New York.

Dr. Wadsworth showed a specimen of *leptothrix* from the canaliculus lachrymalis, a fungus consisting of fine granules and threads. Foerster, at Breslau, has had one such case, and Horner, of Zurich, two or three, not as yet reported. Graefe, in 1869, had seen only ten cases.

*Optic Rod in the Articulætes.*—Dr. Jeffries said that Max Schultze held, contrary to Leydig, that the termination of the optic rod in the faceted eye of the articulætes was not of nervous character, but was a part of the refractive apparatus.

The central portion within these cones, which Schultze found more highly refractive, Dr. Jeffries compared to the nucleus of the lens, which, in fishes, for instance, did not change with the preservative fluid like the rest of the crystalline lens, and in man, as recently shown by Dr. Forlanini, never suppurates when the cortical portion undergoes this change.

He spoke, also, of the central hardening in congenital cataract, and the consequent reception of an image through the cortical portion alone. He considered cataract an interference with the endosmosis and exosmosis.

Dr. Wadsworth thought that the changes in cataract were of a degenerative rather than an inflammatory nature. The nucleus and the more peripheral layers are of the same nature, and the whole lens, with the exception of the outermost fibres, is dead tissue in the sense in which the outer layers of the epidermis are dead tissue, *i. e.* incapable of proliferation or inflammatory change.

Dr. Hay spoke of the occasional disappearance of lenticular opacity.

Dr. Wadsworth had seen a case where a foreign body entered the eye, wounding the edge of the lens, in which case the lens became opaque, apparently, throughout, so that no view of the fundus could be obtained. In the course of a few weeks, this opacity cleared up everywhere, except in the immediate neighborhood of the track of the foreign body, so that the fundus and the foreign body were distinctly seen.

Dr. Ellis spoke of pure mechanical displacement of the elements of the lens as a cause of opacity, as is seen to occur where a lens out of the body is broken up with the fingers. This could hardly be endosmosis and exosmosis.

Dr. Bowditch considered that the admission of air, and the consequent change in the position of particles, would produce opacity.

Dr. Wadsworth added that such an opacity arises, also, from the infiltration of fluids, giving different layers of varying refractive densities, and, also, giving rise to numerous reflections.

Pressure under and behind the eye in frogs produces slight hazy opacity of the cornea, which passes off almost as soon as the pressure is removed.

SELECTIONS FROM THE RECORDS OF THE OBSTETRICAL SOCIETY OF BOSTON.

SECRETARY, J. B. TREADWELL, M.D.

Oct. 14th, 1871. Dr. Buckingham in the chair.

*Subinvolution of the Uterus.*—Dr. Sinclair read a report of five cases of subinvolution of the uterus. (*Vide Boston Med. and Surg. Journal*, vol. viii. p. 284, new series.)

Dr. Lyman asked if it was possible that there had been proper involution of the uterus subsequent to delivery in these cases.

Dr. Sinclair thought not.

*Professional Management of Menstruation.*—Dr. Cotting spoke of the professional management of menstruation. He regarded menstruation as a function not essential to health. Females were well before it began and well after it had ceased. It was something imposed upon the human female for special purposes. He instructed mothers that they had better not pay particular attention to this function in their daughters if they were well in other respects. Menstruation sometimes began and then ceased; sometimes it did not appear except in a very trifling manner, and yet there might be in other respects perfect health. He did not know of any remedies which were sure to produce natural flow; if any agent gave rise to flow, it was by producing congestion, which was a different thing from the natural function. If pain was present, it should be alleviated. The danger of "forcing" was greater than that of letting alone. There is danger in interference, safety in non-interference. Those in whom the function commences and subsequently ceases, and with whom measures are adopted to cause its reappearance, fare worse than those who are not subjected to the ordinary treatment by drugs. Dr. C. gave illustrative cases, showing that those treated do worse in the long run than those not

treated. The same drugs are to be used, according to latest authorities, for amenorrhoea and menorrhagia. From this fact, he drew the inference that we know very little about the therapeutics of the former, at least. The general health and not the special function of menstruation should be attended to.

*Voted*, on motion of Dr. Read, that the 'Professional Management of Menstruation' be made a special subject for discussion at the next meeting, and that Dr. Cotting be requested to prepare a paper on the subject.

*Menorrhagia, with Symptoms of Purpura. Death of the Patient.*—Dr. Fifield reported the case.

Three weeks ago he was called into the country to see a woman, 45 years of age, who had always enjoyed good health. She had borne several children, and the menses had been regular up to the time when he saw her. Just before he was called, she menstruated, and the flow being rather profuse she was treated by her physician with the result of checking the flow. Eight days before Dr. F. saw her, and subsequent to treatment for profuse menstruation, a small dark spot appeared between the incisor teeth; a small clot of blood was removed from its centre, and the gum subsequently sloughed. Ten or twelve purpuric spots appeared, there was a bloody discharge from the vagina, the uterus was enlarged and the os open. A large, solid clot of blood was removed from the uterus. Examination by rectum revealed two bodies, one on each side of the uterus. The discharges from the bowels became involuntary, and, twelve hours later, she died.

*Post mortem*, twelve hours after death. The heart was studded over with dark spots; rectum in a similar condition; uterus engorged; Fallopian tubes dilated and enlarged; left ovary converted into a clot of blood; right ovary, liver and spleen normal; fluid in the Fallopian tubes dark and bloody; triangular-shaped membrane in the uterus; apparent loss of mucous membrane at cervix. From the sides of this triangular membrane two delicate membranes extended into the Fallopian tubes; there was contraction of these tubes at one point.

*Uterine Pains checked by the Will of the Patient.*—Dr. Read reported the case.

The woman, in labor, was very timid and frightened, and controlled her pains, so that they had no effect. Dr. Read gave ether, which stopped the pains entirely. He withdrew it, and finding that they did not return, delivered with forceps. This was

the only case he had seen in which labor pains were subject to the will of the woman.

*Peculiar Condition of Os Uteri following Abortion.*—Dr. Read reported that he had had, within the past few months, several cases presenting the same general symptoms. Cervix uteri rather enlarged; os tince not patulous or materially changed. The cervix to the touch felt as if it had a hard, almost bony centre, with a not very thick covering of soft tissue. These cases had yielded to applications of iodized cotton, with a packing of cotton saturated with glycerine. He found, on questioning the patients, that in every case there had been an interruption to pregnancy, and that the miscarriage or abortion had occurred last in order where the patient had borne children. He was disposed to think that this abnormal condition of the cervix was the result and indication of a miscarriage, either natural or procured; he had never noticed it under other circumstances. In one case, the miscarriage had occurred seven years before. In answer to inquiries, Dr. Read said that the uterus was not tender nor the os patulous; there was no abnormal discharge from it, nor was the organ of unusual length. He inquired if any gentleman had noticed the same condition, but no one answered in the affirmative.

Dr. Abbot asked Dr. Read if the cases referred to by him were cases of induced abortion.

Dr. Read replied that about one half of the women acknowledged it.

Dr. Lyman exhibited Zwancke's pessary, and said it was recommended by its simplicity and the ease with which it could be introduced.

Dr. Fifield said he had formerly used this form of pessary, but had to abandon it on account of its becoming eroded very quickly. He had one made of pure gold, which worked well.

Dr. Read asked if there was a normal increase of temperature after delivery. He had a patient in whom it was 102° for ten successive days, from no assignable cause.

*Delivery under Peculiar Circumstances.*—Dr. Stedman, present by invitation, reported the following case: A lady, whom he had attended in two confinements, went, during the heat of summer, to an island in the harbor to "camp out," although near the time of delivery. Labor commenced, and she started for home. The head was born before she reached the house, and the child was delivered in the carriage. Dr. S.

found her doing well, although she had lost considerable blood. He was putting on the binder, when her jaw dropped and her pulse failed. He found the uterus dilated, and gave ergot and stimulants. Alternate contraction and dilatation followed, and the patient vomited. No further hæmorrhage occurred, and there was a favorable recovery.

Dr. S. thought that vomiting, under the circumstances, was favorable to recovery; he believed that it always checked hæmorrhage.

Dr. Fifield also spoke of the beneficial effect of emesis in these cases.

Dr. Wellington asked if it was attended by uterine pain.

Dr. Fifield said that it was.

Nov. 11th, 1871. Dr. Lyman in the chair.  
*Delivery by the Feet; Death of the Child.*

—Dr. Ayer reported the case. Foot-presentation. The lower extremities and body were delivered, but the head was delayed forty-five minutes, and the child was dead when fully delivered. Dr. Ayer remarked that this case afforded a severe criticism upon the old teaching that the practitioner should not carry his obstetrical instruments with him; for had he had forceps at hand he could have delivered the head and probably saved the child.

*Difficult Labor; Indented Forehead; Death of the Child.*—Dr. Abbot reported the case, which he had recently attended. The patient was a healthy, young woman, in labor with her first child. He was called to her in the evening. She had had some slight pain during the day, and had felt motions of the child within twelve hours. At 9, P.M., the os was well dilated and the bag of waters presenting, he ruptured the membranes, and two-thirds of a teacupful of liquor amnii escaped. The pains were not efficient, although the head was in the first position. At 11, P.M., he gave one small dose of ergot, the head being hardly within the brim. At 12, he applied forceps, after giving ether. He could not start the head, and called another gentleman to assist him, who succeeded in effecting delivery. After delivery, an indentation was found in the superior portion of the left frontal bone, extending to within a quarter of an inch of the coronal and sagittal sutures, two inches in length and half an inch deep. The cord was disorganized and brown in color, and at one point reduced to a mere string. There was no pulsation in it at any time after the birth of the child. Dr. A. could not detect any abnormal pro-

minence of the sacrum which could have caused the indentation. The uterus seemed to be flattened laterally previous to delivery; the child was very large, and dead.

In answer to inquiries, Dr. Abbot said that the placenta was healthy in appearance, and that the indentation was not caused by the forceps, being on the opposite side of the forehead to that on which the blade was applied.

Dr. Arnold said that he had seen an indentation of a parietal bone forming quite a deep cavity, which still continues, the child being four or five years old.

Dr. Homans said he had seen one case of such an indentation—the child was dead, after a tedious labor and delivery by forceps; there was apparently an undue prominence of the sacrum promontory or an exostosis.

Dr. Abbot said that similar cases had been reported in an interesting paper by Dr. Capron, of Providence. R. I., printed in the Boston Medical and Surgical Journal, vol. lxxii, p. 437, which was well worthy the perusal of the members.

Dr. Lyman inquired concerning the condition of the integuments covering the indentation in Dr. Abbot's case.

Dr. Abbot replied that they were intact.

*Death from Contracted Cord.* Dr. Arnold related a case in which there was a contraction of the umbilical cord for the distance of two inches; the child was dead.

Dr. Abbot inquired as to the quantity of liquor amnii.

Dr. Arnold replied that it was very small.

Dr. Abbot thought that death of the child might have resulted from compression of the cord, in consequence of the small amount of this fluid.

*Indurated Cervix after Abortion.*—Dr. Lyman related the following case.

The patient had been the subject of an abortion. The uterus was two and a half inches in length. The cervix was hard externally and soft internally, and admitted the finger three fourths of an inch.

The special subject of "*The Professional Management of Menstruation*," assigned for discussion at this meeting, being in order, Dr. Cotting repeated that mothers had applied to him to know what could be done for their daughters who were the subjects of absent or suppressed or irregular menstruation, adding, "You know, doctor, it is the life of the woman." He was accustomed to reply that he did not know any such thing; women live in health both before and after it—that it was something

added for a special purpose, and not of necessity essential to life or even to health.

Dr. Read said that so far as he could learn, menstruation was essential to reproduction. With this function present and properly performed woman was well; with it imperfect she was not. It was a governing function, and when it was absent it was better to establish or re-establish it, as the case might be. He however did not believe in interference when its absence was productive of no unpleasant symptoms. Such symptoms, occasioned by its absence, were an indication for the adoption of measures for its re-establishment. In regard to Dr. Cotting's assertion that the same remedies were employed for both amenorrhœa and menorrhagia, and consequently that our present knowledge of the therapeutics of these conditions was of little value, Dr. Read remarked that both of these conditions may depend upon the same remote cause, some disturbance of the nervous system perhaps, and the same drug might be of benefit in both. The function of menstruation should be regarded and looked after as the ruling function of woman's life, during its activity.

Dr. Cotting argued that menstruation is not, theoretically, essential even to reproduction, and asked, for example, if the lower animals menstruated.

Dr. Read replied that cows, mares and sows do.

Dr. Cotting denied that there was anything like human menstruation in these animals. Menstruation was not heat, but rather precludes it.

Dr. Wellington read extracts supporting Dr. Read's statement in respect to menstruation in the animals mentioned.

Dr. Ayer was of the opinion that in cases of amenorrhœa remedies should be employed. He also cited the fact of vicarious menstruation as an argument that the function should be restored to its normal state, when absent. Anæmia was frequently a cause—should it not be treated?

Dr. Abbot agreed with Dr. Cotting, that in ordinary cases of irregularity at the commencement of the function interference was unnecessary. In such cases he was seldom consulted, as mothers usually are of the same opinion. It is possible, however, that while the general health does not suffer there may be local maladies more or less dependent upon this condition. He cited the case of a young lady, who was in robust health, so far as her strength and general condition were concerned, although the catamenia

were very irregular. She was troubled, however, by a very severe eruption of acne, which greatly disfigured her. The catamenia became regular under the administration of iron, and the acne nearly disappeared; partly, perhaps, from the coincident use of strong alkaline soap. When the amenorrhoea is accompanied by other evidences of depressed vitality, as is sometimes seen from overstudy, overwork, &c., he supposed it was generally admitted that remedial means should be employed.

Dr. Wellington did not interfere in cases of non-appearance unless the general health suffered. In cases in which the function had been established and subsequently disappeared, he thought treatment was indicated. He considered local treatment of little if any value.

Dr. Cotting asked if any gentleman knew of any agent or agents that would, singly or combined, produce real menstruation when it did not appear of itself, or re-produce it when suppressed. Physicians often spoke as if they knew of such, and patients seemed to have the fullest belief in the existence of such agents, which medical men might use in particular cases if so disposed.

Dr. Read said that we should not look for any particular agent to bring on the menses in any given case, but in each case endeavor to ascertain what cause prevents the proper performance of the function, and direct treatment to that. He instanced a case of a young married woman, in whom the menstrual flow got down to the smallest amount of almost colorless serum. On examination, he found flexion of the uterus. Treatment was adopted, and she was now much improved, both in respect to the local lesion, and in her general health, which had been previously much impaired.

Dr. Cotting rejoined, still many go on and treat patients as if they had the means to bring on menstruation in ordinary cases where no such lesion existed, and very much to the detriment of the patient in many instances.

Dr. Read disclaimed being addicted to any such method of treatment. He did not believe in any *specific* for bringing about menstruation, and never adopted any treatment until he had become satisfied as to the cause of the absence of the function.

Dr. Lyman said he was sorry to hear gentlemen confess that they could do so little in cases of disordered menstruation. Did not believe in any drug as a specific, but that by means of rest, opiates, injections of ammonia, sinapisms, dry cupping over sacrum, iron, mineral waters, &c., accord-

ing to special indications in each case and the condition of the general health, very much could be accomplished. Many patients could be saved from dysmenorrhoea. He thought these cases as amenable to treatment as the generality of cases that physicians are called upon to prescribe for.

Dr. Cotting said he had not been discussing general treatment; he might perhaps admit what had been said on that point, and might perhaps go even farther, and have most girls considered as sick, so far as protective care and treatment is concerned, for two or three days each month on recurrence of menstrual symptoms. They would be better, in the long run, by such procedure; but the main question he had raised had not been, as he thought, as yet satisfactorily answered here or elsewhere.

## Selected Papers.

### CASE OF PNEUMO-PERICARDIUM.

By G. P. CONN, M.D., Concord.

G. S., age 41, height 5. 8½, weight 180. Nervo-bilious temperament. Died in the New Hampshire State Prison, February 23, 1871, at 1.30, P.M., after ten or twelve hours' illness. *Post mortem* eighteen hours after death. Externally, the body presented nothing unusual, being in a state of perfect preservation; development indicating a strong, healthy organization; no emaciation or any appearance of defective nutrition. Thorax only examined.

On raising the sternum and exposing the cavity of the thorax, the heart appeared to rise above the surrounding tissue. The lungs were uniformly congested, each lobe having the appearance of having been affected at the same time; still there was no part of the lungs but contained sufficient air to crepitate on pressure, neither was there any part in which there was the least trace of an inflammatory action, or that inflammation was about to supervene. The pleura was in a normal condition; no adhesions; every part was perfectly free, and could be turned from side to side as easily as in an ordinary subject when the lungs are in a healthy condition. No effusion in either pleura, but from the bladder-like appearance of the pericardium, it was suspected there might be hydro-pericardium. However, on puncturing that membrane, we were surprised to hear air escaping with an audible hissing sound, and in a moment's



time the pericardium assumed its natural relation to the heart itself, there being no effusion or any trace of inflammation to be found.

The accumulation of air was more marked upon the right side, over the base of the right ventricle, than upon the left, and standing very near, as were one or two other gentlemen, when the air escaped, we did not realize any odor.

The valves, endocardium, and the muscular structure of the heart, did not present anything abnormal. I should judge the distention of the pericardium might average some five or six lines, simulating an appearance, when viewed from a short distance, of hypertrophy.

The autopsy was conducted by the prison physician, in the presence of several members of the profession, and it was not considered necessary to examine any of the other viscera, as the indications of disease during life were all confined to the thorax.

I did not see the patient during life, but from the physician and officers of the prison I learned the following history of the case. He had formerly been a man of somewhat intemperate habits, and while under the influence of liquor committed crime, for which he was sent to prison thirteen months previous to his death. He had been afflicted with slight *paralysis agitans* for some years, which was considered to be the effect of his habits, as he was a man of strong muscular development. His conduct while in prison had been unexceptionable, being faithful and trusty, and giving his overseers no trouble, evidently realizing that his habits had been the means of bringing merited punishment, and he was content to make it a means of reformation.

The first that was known of his being ill was about six weeks previous to his death, when, while performing some labor in the presence of the warden, he suddenly stopped, placed his hands on his chest, and for a moment seemed to be in great distress. When questioned about it, said it "was like cramp." A few days after this, he was seized again, and soon began to have these bad turns every day, when the attention of the medical attendant was called to his case, who excused him from duty, ordered rubefacients to be applied externally, some medicine of an anti-spasmodic character to be administered internally, and a light diet enjoined. This was some two or three weeks after the first attack, during which time he had been pursuing his ordinary routine of labor, partaking of his usual ra-

tions, asking no favors, nor for once intimating that he was ill.

When excused from labor he was allowed to go at will from his cell to a stove a few feet distant, as he said "he felt cold when he had these spells," as he characterized them, although the temperature of the whole apartment was kept at about 60° day and night. I did not learn that he ever had an attack when the physician was present, but from those who were around him, it seems that the surface was cold, his pulse weak and fluttering, and apparently great distress and oppression in the pericardial region.

During the time he followed the regimen prescribed, he apparently improved, and at 4, P.M., the day before his death, he expressed a desire to the steward to be returned to labor "as he had not had an attack for nearly two days, and he had rather work than sit round with nothing to do," evidently having no fear for himself, and considering himself well otherwise than these sudden attacks of distress. Nothing more is definitely known of his condition until early the next morning; when the warden made his usual rounds, the patient spoke, saying "he had passed a bad night." The warden went into his cell and found him in an alarming condition, and had him removed to the hospital ward, and sent for the medical attendant at once.

The medical attendant informed me that he saw him at an early hour, and found him with a cold surface; pulse about 130, weak and fluttering; respiration labored rather than hurried, perhaps 25 per m.; supported so as to be in a sitting position, and any attempt to assume a recumbent posture caused a violent spasm of cough, accompanied by a profuse, frothy expectoration, streaked with blood. Auscultation did not reveal the condition of the lungs and heart, so as to arrive at any satisfactory diagnosis, the thorax being filled with mucous râles, while the heart, though feeble in its action, seemed to be struggling against some unseen force, which was slowly but surely overpowering its action. Medical aid availed nothing, and he died of exhaustion, as before stated, at 1.30, P.M.

I have not found anyone who has met with the same or a similar case, neither can I find much which has been published to throw any light upon the subject.

Laennec says: "Very frequently, before opening a pericardium partially filled with serum, I have distinctly observed an accumulation of air in the cavity. \* \* \* \*



I am inclined to think that I have found air in the pericardium in cases where there was no serum, but I am not quite assured of the correctness of my observation." P. 202. Thus he leaves it to be inferred that the air or gas found in the pericardium was probably the result of decomposition of serum.

Bertin, in an excellent work in its day, on diseases of the chest, remarks: "It is not uncommon to meet with a certain quantity of air in the pericardium, hence we give to this disease the name of pneumopericarditis. The quantity varies much. Its chemical properties are, as yet, unknown. It escapes with a slight hissing sound when we cut into the pericardium. Pneumo-pericarditis exists, ordinarily, in connection with hydro-pericarditis." P. 276. From this we may conclude that the author did not feel positive but that the phenomenon was due to *post-mortem* changes.

Dr. S. D. Gross, in his *Elements of Pathological Anatomy*, states that he has never met with an instance of this kind, but in a chapter on *Pneumotosis* he briefly points out conditions of the system which he conceives might be the cause of the development, or formation of gas, in the different tissues, organs and cavities of the body, under different circumstances of health, disease and accident. In a letter received a few days since Dr. Gross remarks, "Your case is the more remarkable, as the man had no marked cardiac trouble during the latter part of his illness, and the dissection was made so soon after death. Another circumstance, equally singular, was the absence of inflammatory deposits. Had there been effusions of this kind, the presence of æriform fluid in the pericardium might readily be explained on the assumption that there had been chemical decomposition going on, probably, in part, at least, prior to dissolution. As it is, the case is a most mysterious one in every respect."

My friend, Dr. Phelps, kindly referred me to the greatest of all authorities in *Path. Anat.*, Rokitsansky, Am. edition, p. 114, vol. iv., in which he says: "We have never met with an accumulation of air in the pericardium. Most of the cases recorded leave room for many doubts regarding their existence during life." Dr. Phelps states in his letter that Rokitsansky, in his last German edition, as yet untranslated, p. 238, vol. ii., says: "Pneumatosis pericardii belongs, certainly, to the rarest of all phenomena. This is ten years later than the

American edition, and seems to be an admission that it may possibly occur.

Boch, in his *Path. Anat.*, p. 607, thus refers to this disease: "The account of collections of air in the pericardium are very unsatisfactory," yet, he says, "in abnormal contents of the pericardium there is found, besides the products of inflammation, other substances, as water, blood and gas."

Jones and Sieveking, page 294, Am. edition of their *Path. Anat.*, devote a section to pneumo-pericardium, from which I will quote a few sentences: First definition, "A condition of the heart rarely found until after death, and termed by Laennec pneumo-pericardium, consists in an effusion of air into the sac;" second, "Laennec states that he was able to diagnose its presence during life from the unusually clear sound yielded by percussion in the region of the heart, and by a sound of fluctuation accompanying the movements of the heart and of respiration; third, a case is quoted from the Clinique of M. Bricheteau, "in which a murmur resembling the noise of a water-wheel was heard during life, evidently connected with the alternate movements of the heart." Another case is quoted, from the report of the Pathol. Soc. for 1852 and 1853, by Dr. Chambers, of a young woman in whom the admission of air into the pericardium occurred shortly before death through perforation of the œsophagus; the pericardium was found much distended when the *post-mortem* examination was made, and "it was owing to this circumstance," says the report, "that the fibrinous layer, which had been deposited between the surfaces of the pericardium, had not given rise to any friction sound during life."—*Transactions of the New Hampshire Medical Society*.

## Bibliographical Notices.

### *Otis's Physiology of Syphilitic Infection.*

SYPHILIS, a "zymotic disease of the human organism," comprises, according to Dr. Otis, four stages. Under the secondary stage he includes, among others, "periosteal inflammations and osseous hypertrophy, and inoculability of the secretions of all the foregoing." His fourth stage comprises "lesions of the viscera, with a general vitiation and degradation of the entire economy, under the title of syphilitic cachexia." He next gives a fairly presented *résumé* of the varying theories of distinguished syphi-

lographers, from Pinctor and Grunbeck at the close of the fifteenth century to those of Beale, Chauveau and Salisbury of to-day, and comes most properly to three somewhat negative conclusions:—

"1st. That in regard to *its origin*, the accumulated learning of centuries affords but the most unsatisfactory speculations.

"2d. That nothing is yet positively known of its nature. Accepted as a virus, with a power to contaminate the blood, it is known only by its effects.

"3d. That nothing is yet positively known of the mode by which the human system is infected by it."

Dr. Otis next considers the agents of the absorption of the syphilitic virus, which, according to Lancereaux, are the same as those of other substances, viz., the venous capillaries and the lymphatic vessels, and adds with reason "unless it can be shown that the venous capillaries do not absorb the syphilitic principle or virus *at all*, and that this office is always confined to the lymphatic capillaries, the theory of instant infection must prevail."

He then proceeds to show, adopting the views of Beale "in regard to the nature of the disease-germ of contagious diseases [Disease Germs, their Real Nature, p. 11], viz., that 'it is a molecule of germinal matter, &c.'"; that the lymphatic vessels are the agents of absorption, whether the disease germ enters them as an independent amoeboid cell or is picked up and carried along by some nomadic white blood corpuscle. This he does in accordance with the views of Root, Willis and von Recklinhausen, namely, that "there is a constant movement of the fluids bathing the tissues toward the lymphatic canals," by the necessity which exists that the germ should accompany the current of the stream of fluids.

That the germ has no affinity for the contents of the blood capillaries is evident if the author be correct in his idea that the germ is "a living, abnormally active bioplast," requiring unformed material as food, and therefore not capable of being nourished by a pabulum consisting of the formed matter of the tissues and red blood corpuscles.

The local action at the point of inoculation the author regards as follows:—

1st. A coagulation of the superficial tissue fluids. A dilatation of the superficial bloodvessels. A consequent slowing of the circulation. The coincident attraction of a variable number of wandering white

blood corpuscles—phenomena associated with any irritation of living tissue.

2d. An entrapment of the syphilitic disease-germ by the wandering white blood corpuscle (through its amoeboid movement), and the incorporation of the disease-germ into the substance of the white corpuscle.

3d. An appropriation (as pabulum) by the disease-germ of the substance of the white corpuscle, and the consequent development and multiplication of the disease-germ in the white corpuscle.

4th. A consequent necessity of the white corpuscle for an increased supply of pabulum from the tissue fluids, the absorption of which, producing a rapid increase in size and an abnormal tendency to fission or multiplication of the white corpuscles, through whose substance the multiplied disease-germs are now disseminated.

5th. Through the multiplication of the white corpuscle thus impregnated by the syphilitic disease-germs, the spread of the syphilitic influence at the point of inoculation, and from thence into the adjacent natural channels of the white corpuscles, viz., the *lymphatic canals*, through which, by aid of the lymphatic current, they are carried along until arrested in the substance of the nearest lymphatic gland.

While, however, certain of the wandering white corpuscles, incorporated with the syphilitic disease-germs, are stimulated to abnormal proliferation, and go on to spread their influence beyond the sphere of this immediate action, certain others, whose predestined office is that of connective tissue cells, become arrested in the coagulated albuminous medium at the point of inoculation, become fixed and develop into connective tissue fibrillæ, after the manner described by Billroth [Surg. Pathol., Am. Ed., 1871, p. 98] of the formation of normal cicatricial tissue, between which and the induration associated with and considered peculiar to the primary syphilitic lesion, there appears to be but the difference of exaggerated formative power."

*The Period of Incubation*, Dr. Otis thinks, is not only explicable in accordance with, but confirmatory of, his views. Thus, in Dr. Hammond's case, with an incubation of thirty-six hours, only, the lesion was described as at the frenum, and the same in two cases of Dr. Taylor, in one of which the induration was developed in four days, and in the other within a week, and "it is just at this point that the superficial lymphatics of the glans penis approach nearest to the surface, rising in this especial lo-

cality, in some instances, according to Balaëff, to a point just underneath the epithelium."

The incubative period of syphilis is then the period required for the disease germ to traverse the distance from the point of inoculation to the interior of a lymphatic vessel, and up to this moment of entrance into a lymphatic channel, syphilis is a local disease; nay, more, instead of infecting the system at large, even at this time, it passes first into the parenchyma of the lymphatic glands and is there retained for a period corresponding to the secondary incubation, preceding the manifestation of general constitutional symptoms.

The author concludes by attributing many of the later manifestations of syphilis to causes dependent upon interference with the lymphatic circulation, and claims "that it is the germinal element of the blood and tissues alone that is primarily affected in syphilitic disease; that it is through the lymphatic system alone that the syphilitic influence is propagated to parts remote from the point of inoculation; and, finally, that it is to deposits of fibrin, organized through the syphilitic influence in and around the lymph-vessels and lymph-sacs in the earlier stages of the disease, and its subsequent contraction that the lymphatic obstructions resulting in various external and internal lesions in the later stages of the disease are chiefly due."

Dr. Otis cites, in a note appended to his paper, the ostensible corroboration of his views contained in the recently published, but as yet unproved, results of the investigations of the blood of syphilitic patients of Dr. Losterfer, of Vienna, which results are denied by Wedl, Neumann, Gruber, et al.

E. W.

## Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 30, 1872.

### POPLITEAL ANEURISM CURED BY FLEXION.

In the *British Medical Journal* for April 6th, Mr. T. Holmes reports a case of complete cure of a popliteal aneurism by means of flexion of the knee. The patient entered hospital with a pulsating tumor of the size of an English walnut, in the upper and outer part of the popliteal space. There was a very loud *bruit*. Pressure on the

femoral artery caused complete cessation of the pulsation. The treatment by forced and continued flexion of the leg was attempted, the limb being kept in position by bandages. This restraint, however, became intolerable to the patient, and he was directed to practise voluntary flexion, maintaining the position as long and as completely as possible. After forty-eight hours of this intermittent flexion, the tumor had ceased to pulsate and there was no *bruit*. The collateral circulation through the articular branches was fully established, and the patient was shortly discharged, well.

Mr. Holmes speaks highly of this method of voluntary flexion as being less painful and less irksome than enforced restraint, and as being hardly less effectual. The treatment is adapted to recent aneurisms, and should be continued at intervals until the anastomotic circulation is complete; in other words, for some time after the aneurism itself appears cured.

**MEDICAL AND SURGICAL HISTORY OF THE WAR.**—From our correspondent in Washington, we learn that the first part, of 1800 pages, of the Medical and Surgical History of the War—compiled under direction of the Surgeon General, U. S. Army—has been submitted to the Committee on Printing of the Senate, and that it will soon be prepared for distribution.

This portion of the work contains the completed Medical Statistics (726 pages) of sickness, mortality, and discharge from service for disability, during the war, with 365 pages of appended documents, consisting of extracts from the reports of Medical Directors of Armies in the field and other medical reports of historical value and interest; a chronological table of all battles and engagements of the war of which any report or record has been made, and 500 pages of surgical matter, comprising all wounds and injuries of the head, neck and chest, with a full discussion of each class. The material and data remaining on hand, much of which is already classified and tabulated for the completion of this work, will, with the utmost possible condensation, form two more parts similar to this, each containing an equal amount of medi-

cal and surgical matter. The succeeding medical portion will describe, discuss and illustrate, by engravings and chromos, the symptoms, pathology and treatment of those diseases which were the chief cause of the sickness and mortality recorded in the first portion, such as camp fever, camp diarrhoea and dysentery, pneumonia, camp measles, smallpox and the like, with histories of cases, records of autopsies and special reports. The surgical portion will comprise wounds and injuries of the abdomen and extremities, surgical operations and their results, with a vast amount of information upon such surgical diseases as pyæmia, osteo-miylitis, hospital gangrene, tetanus, &c., with the illustrations which the importance of these subjects demands. Of surgical operations, records have been kept of 30,000 major amputations, 5,000 excisions of large joints,, and 800 ligatures of large arteries. A report upon hospital construction and administration, modes of transport of the sick and wounded and the distribution of medical supplies during the war, will complete the work.

**BULLET WOUND OF THE BLADDER, WITH RECOVERY.**—In the *Medical Press and Circular* for Feb. 28th ult., is recorded a case of perforating wound of the bladder which presents certain elements of interest. The patient was a German soldier. He was wounded in battle, three rifle-balls entering the body from behind, and emerging in front just over Poupart's ligament in such a direction that the bladder must have been in the direct line of their passage. Urine flowed copiously from the wounds of exit. The prognosis was bad, and little was done for the patient. After a time, however, the urine, which had been discharged previously through the wounds, began to pass *per urethram*; the openings in the groin healed, and perfect recovery appeared to have been realized.

Some time subsequently, difficulty in micturition was experienced. On search being made with a sound, a hard body was discovered far back in the urethra. It was carefully grasped with a fine forceps and extracted, proving, on examination, to be a splinter of bone (probably from the ilium),

about half an inch long and at one part about a quarter of an inch broad. Four smaller spicula were subsequently removed from the urethra. After a while, the relief which had followed these operations gave place to symptoms of stone, and, on sounding, a calculus of tolerably large size was discovered. It was removed by lithotomy. The subsequent treatment of the case embraced one measure rarely, if ever, followed in this country in such instances. The wound in the perinæum was allowed to close completely, no catheter being used for the drainage of urine. The legs of the patient were brought together at once, and that position was maintained. Whenever desire for micturition was felt, the man was lifted into a warm bath (the thighs being still approximated and flexed), and the urine passed through the opening under water; by this method air was excluded from the wound, and the urine, diluted by the warm water, was deprived in great measure of its irritating properties. A pledget of wet lint covered the cut in the perinæum in the intervals. In a few days the urine passed normally by the urethra, and after a brief interval the patient was discharged, well.

**BLISTERS IN PNEUMONIA**—Dr. C. J. B. Williams, the distinguished English authority, makes use of the following language in speaking of the treatment of pneumonia:—

“My experience has taught me to put great faith in large blisters, both in asthenic pneumonia and in bronchitis, and I am confident that I have seen many lives saved by their means. Instead of being lowering, they give a salutary excitement to the circulation, and the copious serous discharge which they produce from the skin tends to relieve the congested lung without wasting the red blood that is so needed to sustain the functions. Small blisters tease as much as large ones, and are far inferior in the relief they afford.”

**PUNCTURING THE INTESTINE** in cases of strangulated hernia is strongly recommended by Mr. Bryant, surgeon to Guy's Hospital. In a clinical lecture, reported in the *Medical Times and Gazette*, he says that he believes it to be scientifically correct to evacuate the

distended and progressively distending knuckle of intestine which has escaped outside the tight and scarcely elastic ring and which, as the strangulation develops, must sooner or later give way by sloughing. He cites one case in his own practice which, he believes, strongly corroborates the theoretical advantages of the operation, and confirms the practical benefits resulting in the experiences of others when tapping of the hernia has been performed before using the knife. He concludes his observations as follows:—

"Considering, then, that, with such examples as we have, tapping is not attended with much danger, surely, we are justified in having resort to it before any more serious operative interference, with every prospect of doing good."

ON THE USE OF CARBONATE OF LITHIA IN GOUT AND URIC ACID GRAVEL. By Prof. DITTERICH, of Munich.—Carbonate of lithia, according to Prof. Ditterich, must always be considered as the most powerful remedy in gout and the morbid conditions depending upon excess of uric acid, and the salt has fallen somewhat into disrepute of late only in consequence of being unsuitably administered. The doses of from five to ten grains, recommended by Aschenbrenner, generally produce very unpleasant symptoms, as dyspepsia, catarrh of the stomach and bowels, with vomiting, &c., which require the discontinuance of the remedy.

These doses, according to Prof. Ditterich, are much too large to act beneficially, and the single dose should never exceed twelve centigrammes (a centigramme is the hundredth part of a gramme, which is about fifteen grains), and in twenty-four hours not more than a gramme should be given altogether. The next question to be asked in the treatment of gout is whether the case presents itself in the acute or chronic form, for in the former lithia is unsuitable, but in the latter the carbonate may be given in the proportion of half a gramme (about seven and a half grains) in a hundred and fifty grammes of distilled water, one or two teaspoonfuls to be taken every two hours. Thus administered the lithia causes no inconvenience, and generally affords relief in from eight to fifteen days, during which the painful parts are covered with socks or linen coverings. According to Prof. Ditterich, the gouty swellings

which have become hardened are not affected by the lithia circulating in the blood until the adjacent parts of the limb have been brought into a state of congestion by stimulating embrocations.—*London Practitioner*, from *Jahrbücher der Gesammten Medicin und Med.-Chir. Review*.

CHLOROFORM-DEATHS.—We have to-day to record two chloroform-deaths—the fourth and fifth deaths during the administration of anæsthetics recorded in our pages during the last few weeks. Two of them, however, were from the dropping of foreign bodies into the air-passages: in the one case, a plate supporting artificial teeth; and in another, part of a gag, which had broken in the mouth. One of the fresh cases which we have to record to-day, occurred recently at the Royal Eye Hospital, Manchester, and the notes of it are communicated at page 472. The other occurred on Wednesday, at St. Bartholomew's Hospital. Chloroform was, we understand, administered by one of the house-surgeons, in the usual manner, to a young man having a phagedænic sore. After a very few minutes, before the patient was fully under the influence of the vapor, the pulse ceased, and all efforts, including galvanism and artificial respiration, persisted in for an hour by the two house-surgeons, proved unavailing to restore life.—*Brit. Med. Jour.*

THE UVULA.—Dr. Noble Smith condemns, in the *British Medical Journal*, the practice of snipping the uvula, and advocates its complete removal in cases where any operative procedure is called for. He relates two cases simulating consumption, which were at once cured by the removal of the elongated uvula; and says that, in merely snipping the organ grows again, and no good results. On the other hand, Sir G. D. Gibb argues in the *Lancet*, that the uvula has important functions in deglutition and vocalization, and that its true muscular end does not often become elongated, but only the membrane, and perhaps adipose tissue; consequently, that snipping this part and leaving the muscular fibres intact is quite sufficient, and that no inconvenience arises from this practice.—*The Doctor*.

IODINE IN VOMITING.—Dr. Caspari, of Horn, has for the last twenty-five years successfully prescribed the tincture of iodine in cases of obstinate vomiting, where nothing else relieved the patient.—*Ibid.*



## Medical Miscellany.

THE annual meeting of the Norfolk District Medical Society was held at Hyde Park, on the 8th inst., at which the following board of officers was elected for the ensuing year:—

*President*, Dr. Edward Jarvis; *Vice-President*, Dr. Eben P. Burgess; *Secretary*, Dr. A. H. Nichols; *Treasurer*, Dr. J. S. Greene; *Librarian*, Dr. D. S. Fogg; *Commissioner on Trials*, Dr. S. Salisbury; *Censors*, Drs. J. S. Greene, Joel Seaverns, C. C. Tower, C. Ellery Stedman and R. T. Edes; *Councillors*, Drs. Robert Amory, Geo. J. Arnold, B. E. Cotting, W. C. B. Fifield, F. F. Forsaith, C. C. Holmes, Edward Jarvis, J. Stedman, J. W. Chase, S. E. Stone and Henry Blanchard; *Committee of Supervision*, Drs. W. S. Everett and B. Cushing.

MESSRS. EDITORS.—Mr. Soelberg Wells requests me to state that the International Ophthalmological Congress to be held this year in London, takes place August 1st, 2d and 3d, at the Royal College of Physicians, Pall Mall.

Notices of papers to be read should be sent to the Honorary Secretary, Mr. Wells, 16 Saville Row, London, W., as soon as possible.

HASKET DERBY.

POISONING BY VANILLA-ICES.—The German medical journals call attention to the circumstance that several cases of poisoning by vanilla-ices have in late years occurred in Paris, Altona, Munich, Vienna, and other places. Maurer has recently related an instance in which, after the use of these ices, a large family suffered from the symptoms described as having been present in the other cases, viz., frequent vomiting, diarrhoea, assuming in some of the patients a choleric form character. All the patients recovered. What the nature of the poison is, has not yet been ascertained. In two observations on the remaining portions of the poisonous ices, traces of lead, iron and tin were present; but the combination of lactic acid with oxide of tin has been ascertained not to be poisonous. Schroff believes that the poison is produced by the use of cashew-nut oil to besmear the vanilla-pods.—*Med. and Surg. Reporter*.

THE LARGEST MEDICAL MONTHLY EDITORIAL STAFF IN AMERICA OR ELSEWHERE.—Our friends, Drs. Powell and Goldsmith, of the *Georgia Medical Companion*, have recently associated with them in their journal sixty-three additional physicians, making a grand total of sixty-five editors. Georgia has been called the "Empire State of the South;" at this rate, "the whole boundless continent"—of doctors will soon belong to her *Medical Companion*.—*American Practitioner*.

ABSENCE OF A LUNG.—Dr. W. Dickey communicates to the *Cincinnati Lancet and Observer* an extremely interesting history of a case which had been under his care, and concludes by giving the following account of the autopsy, made twelve hours after death. The left lung was found

studded with tubercles, and was somewhat larger than usual, but consisted of two lobes. On the right side there was no lung at all, not even a rudiment at the bifurcation. No lung had ever existed. Heart in the mediastinal space, but in the right side, corresponding to a natural situation in the left. Its walls were thickened, and cavities somewhat enlarged.—*Med. Record*.

HYDROCHLORATE OF NARCEINE FOR HYPODERMIC INJECTIONS.—Dr. Petrin, in the *Bulletin de Therap.*, advocates this salt as superior to sulphate of atropine or muriate of morphia. In very small doses, five milligr. to one centigr., its calmative power is manifest. It is superior in its power to control sickness to salts of morphia. When all preparations of opium or morphia fail as hypnotics, a small dose of the salt of narceine will succeed. In the smallest doses its effects are also to slightly raise the temperature, as well as the frequency of both the pulse and respiration, but at the same time to reduce arterial tension.—*The Doctor*.

PAMPHLETS RECEIVED.—Sixteenth Annual Report upon the Births, Marriages and Deaths in the City of Providence, R. I., for the year 1870. By Edwin M. Snow, M.D., Superintendent of Health and City Registrar. Pp. 64.—Amnesic and Ataxic Aphasia, with Agraphia and temporary Right Hemiplegia, the result of Embolism of the left Middle Cerebral Artery. By T. M. B. Cross, M.D., New York. Pp. 13.—Report to the Surgeon-General of the United States Army on the Minute Anatomy of two Cases of Cancer. By Assist. Surg. J. J. Woodward, U. S. Army. With two Photographic Plates. Pp. 10, 4to.

Deaths in seventeen Cities and Towns of Massachusetts, for the week ending May 25, 1872.

Cities and Towns.	No. of Deaths.	Taunton . . . . .	6
Boston . . . . .	129	Newburyport . . . . .	1
Charlestown . . . . .	9	Somerville . . . . .	7
Worcester . . . . .	10	Fall River . . . . .	9
Lowell . . . . .	24	Haverhill . . . . .	11
Millford . . . . .	3		271
Chelsea . . . . .	3		
Cambridge . . . . .	17		
Salem . . . . .	9		
Lawrence . . . . .	6		
Springfield . . . . .	2		
Lynn . . . . .	11		
Fitchburg . . . . .	6		

Boston reports three deaths from smallpox.

GEORGE DERBY, M.D.,  
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 25th, 129. Males, 65; females, 65. Accident, 3—abscess, 2—apoplexy, 3—asthma, 1—aneurism, 1—inflammation of the bowels, 2—disease of the bowels, 1—bronchitis, 8—inflammation of the brain, 1—disease of the brain, 7—burned, 1—cancer, 5—cerebro-spinal meningitis, 4—consumption, 21—convulsions, 4—croup, 2—debility, 5—dropsy, 1—dropsy of brain, 2—drowned, 1—enlarged prostate, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 6—gangrene, 1—disease of the heart, 3—indigestion, 1—inflammation of leg, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 2—congestion of the lungs, 8—inflammation of the lungs, 2—marasmus, 3—old age, 1—paralysis, 1—premature birth, 1—peritonitis, 1—puerperal disease, 2—pyæmia, 2—rheumatism, 1—scalded, 1—smallpox, 3—disease of the stomach, 1—whooping cough, 1—unknown, 2.

Under 5 years of age, 49—between 5 and 20 years, 20—between 20 and 40 years, 23—between 40 and 60 years, 19—above 60 years, 18. Born in the United States, 97—Ireland, 26—other places, 6.